



Client No. <b>2036</b>	Client Name <b>OH MATERIALS</b>	Location <b>1004 OSWEGO ST. UTICA NY</b>	Date <b>7/13/87</b>									
Facility Equipment	Detect Clock Weapon No.	Holster Nightsight	Raincoat Flashlight	Other <b>449 GATE KEYS - LOG BOOK - RADIO</b>								
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) <b>Kenneth F. Kelly</b>		Officer—Swing Shift (Name) <b>Brook Mallard</b>	Officer—Grave Shift (Name) <b>Dick H. Koszki</b>							
Shift Began <b>8:00</b> AM-PM Ended <b>4:00</b> AM-PM		Shift Began <b>4</b> AM-PM Ended <b>12</b> AM-PM		Shift Began <b>12</b> AM-PM Ended <b>8</b> AM-PM								
Observations or actions taken	Yes	No	Explanation	Yes	No	Explanation	Yes	No	Explanation			
Rounds or stations missed		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked doors, gates or windows		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Unlocked vaults or safes		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Fire-smoke-or hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
1. Extinguishers missing or defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
2. Sprinkler system defective		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
3. Fire doors or exits blocked		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
4. Rubbish accumulation		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
5. Motors running		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
6. Lights left burning		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Injury hazards		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>				
Visitors	<b>OHM &amp; EPA people on site.</b>						<input checked="" type="checkbox"/>	<b>CAPT. MILLER</b>				
Trespassing		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<b>OHM &amp; EPA</b>			
Violation of company rules		<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<b>PEOPLE ON SITE</b>			
Remarks <b>(0800 Rfluger - tallmadge turn in) (0834 Dan O'Neil &amp; Capt. Miller on site) 0855 Tallmadge turn out (0845 - Dan O'Neil &amp; Capt. Miller out) (0917 - Capt. Suburban gas in) (0920 Suburban gas out) (1130 Capt. Thompson &amp; Johnson in) (1135 - John White &amp; J. Dowd in) (1203 J. Dowd out) (1219 J. Dowd Tallmadge turn in) (1225 Tallmadge out) (1227 - Hann Wolf in) (1245 Hann Wolf out) (1340 Thompson &amp; Johnson out)</b>												
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.												
1. Were you injured during this tour?	Day Shift	1.	2.	3.	Swing Shift	1.	2.	3.	Grave Shift	1.	2.	3.
Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No
2. Did you suffer any illness?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No
3. Have you reported accidents coming to your attention?	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No	Yes	<input checked="" type="checkbox"/>	Yes	No
Signatures	<b>Kenneth F. Kelly</b>			<b>Brook Mallard</b>			<b>Dick H. Koszki</b>					
1:30 PM												
439217												